

216018030
96381

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

| | | | | | | |
|--|--|---|------------------------------------|--|--|--|
| 2 | Total Number of Vehicles | Local No./ District 11 | Agency Case No. B6-038311 | HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO | L 1 |
| A/1 01 | DATE OF ACCIDENT | M M / D D / Y Y Y Y S M T W T H F S 05/04/2016 | | TIME OF ACCIDENT 0810 | STATE USE ONLY | |
| A/2 | PLACE OF ACCIDENT | COUNTY Lancaster | CITY Lincoln | POLICE NOTIFIED 0821 | Amended | |
| B 54 | ROAD ON WHICH ACCIDENT OCCURRED | STREET/ HIGHWAY NO. ST PAUL, 47TH TO 46TH | | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | 05/04/2016 | |
| C 1 | DISTANCE FROM MILEPOST | FEET | N S E W OF MILEPOST | HIGHWAY NO. | LATITUDE | |
| D 1 | IF AT INTERSECTION | | | IF NOT AT INTERSECTION | | |
| | NAME OF INTERSECTING ROADWAY | | | <input checked="" type="radio"/> FEET <input type="radio"/> MILES | N S E W | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING |
| | | | | 6.00 | X | S CURB OF ST PAUL |
| V1/M 14 | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN | | | | | |
| V2/M 01 | MILES | N S E W | AND MILES | N S E W | OF NEAREST CITY OR TOWN | |
| E 2 | R. WORK ZONE CODES | R1 R2 R3 R4 | S. PEDESTRIAN CLASSIFICATION CODES | S1 S2 S3 S4 S5-a S5-b S6-a S6-b | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO | |
| VEHICLE NO. 1 | | | | | | |
| F 1 | DRIVER LICENSE NO. | H12815774 | | STATE (Of License) | NE | SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE |
| V1/N 1 | DRIVER | REBECCA S STRONG | | PHONE | 402-904-1217 | |
| V2/N 1 | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 07/01/1984 | |
| | 125 S 28TH #1, LINCOLN, NE 68510 | | | | | |
| G 2 | OWNER | REBECCA S STRONG | | PHONE | 402-904-1217 | |
| | OWNER ADDRESS | | CITY, STATE, ZIP | CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO | CITATION NO. LB509717 | |
| | 125 S 28TH #1, LINCOLN, NE 68510 | | | | | |
| H 5 | LICENSE PLATE | PA NO. | TJW614 | YEAR (Plate Expires) | 2017 | STATE (Of Plate) NE |
| V1/O 2 | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR |
| | 2005 | Honda | EXL | Mini van | beige | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000 |
| V2/O 2 | VEHICLE ID NO. (VIN) | 5FNRL38715B053655 | | INSURANCE COMPANY | PROGRESSIVE | |
| | TOWED TO | TOWED BY | | POLICY NO. | 909578349 | |
| VEHICLE NO. 2 | | | | | | |
| I 1 | DRIVER LICENSE NO. | G02186856 | | STATE (Of License) | NE | SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE |
| V1/P 1 | DRIVER | TODD R BALL | | PHONE | 402-464-1565 | |
| V2/P 1 | DRIVER ADDRESS | CITY, STATE, ZIP | | DATE OF BIRTH (MM / DD / YYYY) | 08/03/1949 | |
| | 4627 SAINT PAUL AVE, LINCOLN, NE 68504 | | | | | |
| J 01 | OWNER | TODD R BALL / RHONDA L BALL | | PHONE | 402-464-1565 | |
| | OWNER ADDRESS | | CITY, STATE, ZIP | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO. | |
| | 4627 SAINT PAUL AVE, LINCOLN, NE 68504 | | | | | |
| V1/Q 4 | LICENSE PLATE | PM NO. | CVA63 | YEAR (Plate Expires) | 2017 | STATE (Of Plate) NE |
| V2/Q 4 | VEHICLE | YEAR | MAKE | MODEL | BODY STYLE | COLOR |
| | 2013 | Subaru | 25P | Medium/large | red | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000 |
| | VEHICLE ID NO. (VIN) | JF2SHADC3DH438869 | | INSURANCE COMPANY | NATIONWIDE INS | |
| K 01 | TOWED TO | TOWED BY | | POLICY NO. | PPGM0006323283-6 | |
| Complete this section for all injured persons (Complete a continuation report, if more than three were injured) | | | | | | |
| VEH. # | NAME | ADDRESS | | DATE OF BIRTH (MM / DD / YYYY) | 1 Seat Position | 2 Eject |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | 3 Body Region | 4 Injury Sev. |
| | | | | | 5 Trans. | SEX M F |
| VEH. # | NAME | ADDRESS | | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| | | | | | | |
| VEH. # | NAME | ADDRESS | | | | |
| | LOCAL NO. | MEDICAL FACILITY NAME | | EMS SERVICE NAME | EMS RUN REPORT NO. | |
| | | | | | | |

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

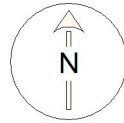
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-038311

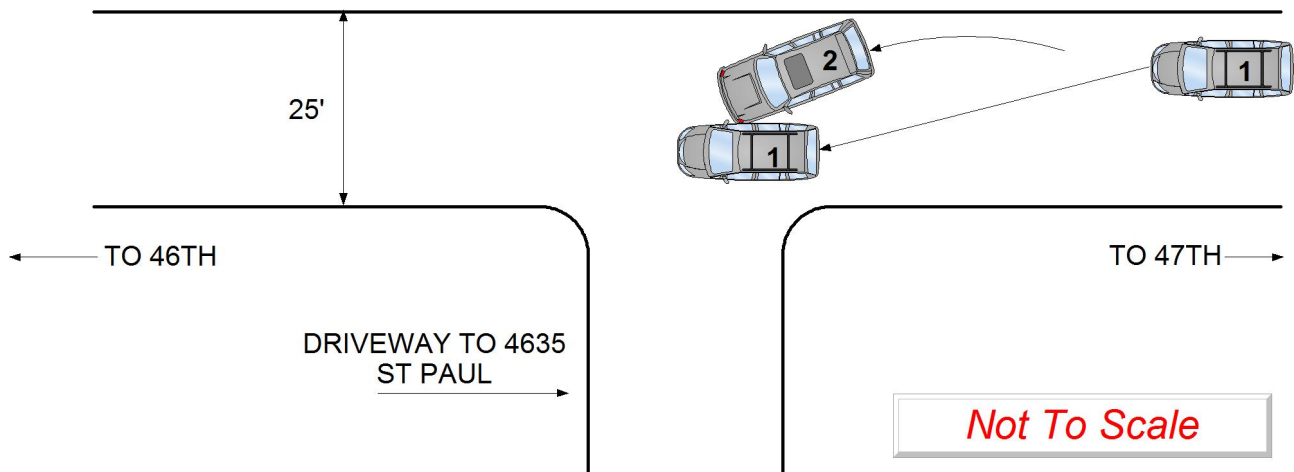


Indicate
North
by Arrow

POI EST
6' N OF S CURB OF ST PAUL
3' W OF E CURB OF DRIVEWAY TO
4635 ST PAUL



ST PAUL



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Officer was detailed to an accident on St Paul, 46th to 47th. I arrived on scene and made contact with the drivers. D1 reports she was traveling WB on St Paul, behind D2. D1 said D2 pulled to the side of the road so she thought he was parking on the road. D2 was pulling into his driveway at 4635 St Paul. D2 turned into D1. D2 said he was traveling WB on St Paul. D2 said he slowed down and turned on his turning signal and started to turn into his driveway when D1 tried to get around him and the collision occurred.

| | | | | | |
|------------------|----------------|------------|---------|-------|------------------------------|
| PROPERTY | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE \$ |
| WITNESSES | NAME | | | | PHONE |
| | NAME | | | | PHONE |

| VEHICLE MOVEMENT BEFORE COLLISION | | | | POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small> | | | | AIRBAG DEPLOYED VEHICLE 1 | | RESTRAINT USE VEHICLE 1 | | TOTAL OCCUPANTS | | | |
|-----------------------------------|----|--------------------------|---|--|-------------------|----|-------------------|---------------------------|--------------------|---------------------------------------|--------------------------------|----------------------------|--------------|---------------------------------------|--|
| VEH NO. | N | S | E | W | VEHICLE 1 | | VEHICLE 2 | | | | | | | | |
| 1 | | | | X | ST PAUL | | | | | | | | | | |
| 2 | | | | X | ST PAUL | | | | | | | | | | |
| 1 | 03 | 06 Turning left | | | POINT OF IMPACT | 03 | POINT OF IMPACT | 02 | 1 Deployed - front | | 1 None used - vehicle occupant | | Driver No. 1 | | |
| 2 | 06 | 08 Entering traffic lane | | | MOST DAMAGED AREA | 03 | MOST DAMAGED AREA | 02 | 2 Deployed - side | | 2 Lap & shoulder belt used | | Driver No. 2 | | |
| | | | | 09 Leaving traffic lane | | | | | | 3 Deployed - both front/side | | 3 Shoulder belt only used | | Pedestrian | |
| | | | | 10 Parked | | | | | | 4 Not deployed | | 4 Lap belt only used | | | |
| | | | | 11 Slowing or stopped in traffic | | | | | | 5 Not applicable/ No airbag available | | 5 Child safety seat used | | | |
| | | | | 12 Other | | | | | | 6 Unknown | | 6 Child booster seat used | | | |
| | | | | 13 Unknown | | | | | | | | 7 DOT approved helmet used | | | |
| | | | | | | | | | | | | 8 Costume helmet used | | | |
| | | | | | | | | | | | | 9 Restraint use unknown | | | |
| | | | | | | | | | | | | | | 1 Neither alcohol nor drugs suspected | |
| | | | | | | | | | | | | | | 2 Yes - alcohol suspected | |
| | | | | | | | | | | | | | | 3 Yes - drugs suspected | |
| | | | | | | | | | | | | | | 4 Yes - alcohol & drugs suspected | |
| | | | | | | | | | | | | | | 5 Unknown | |

| | | | |
|---|--------------------------------|--|--|
| OFFICER NO. 244 | TROOP/ TEAM/ BEAT NW | DEPARTMENT Lincoln Police Department | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INVESTIGATOR NAME (Print or Type) Court Cleland | | INVESTIGATOR SIGNATURE Approved by Court Cleland | |
| DATE OF REPORT 05/04/2016 | | | |